

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11						
12						
13						
14	1					
15						
16						
17						
18						
19						
20	1					
21						
22	2		1			
23						
24						
25						
26	1					
27						
28	1					
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47						
48						
49						
50						
TOTAL IND.	17		17			
TOTAL DEP.	22	2	21	2	2	2
TOTAL CLAIMS	29		28			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					